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CONFIRMATION NO. 1113

SERIAL NUMBER 10/028,076	FILING OR 371(c) DATE 12/21/2001 RULE	CLASS 709	GROUP ART UNIT 2142	ATTORNEY DOCKET NO. 135863/ATL-2001-008
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** CONTINUING DATA ***** *None**AC*** FOREIGN APPLICATIONS ***** *None**AC*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

01/31/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 24	TOTAL CLAIMS 94	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>AC 6/8/06</i> Examiner's Signature _____ Initials _____				

ADDRESS

024587

TITLE

Network element terminal data interface system and method

FILING FEE RECEIVED 2408	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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